

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA

07 MAY -8 AM 10:57

U.S. DISTRICT
N.D. OF ALA.

2:07-CV-601-WKW

Inmate Identification Number: 246141

ISRAEL Gutierrez

(Enter above the full name(s) of the plaintiff(s)
in this action)

vs.

MONTGOMERY County Detention
Center & Sheriff D.T. Marshall
And All etc.

(Enter above full name(s) of the defendant(s)
in this action)

NOTICE TO FILING PARTY

*It is your responsibility to
notify the clerk in writing
of any address change.
Failure to notify the clerk
may result in dismissal
of your case
without further notice.*

CV-07-CD-0856-W

I. Previous lawsuits

- A. Have you begun other lawsuits in state or federal court(s) dealing with the same facts involved in this action or otherwise relating to your imprisonment?
Yes () No (☒)
- B. If your answer to (A) is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuit(s) on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff(s):

Defendant(s):

NA

2. Court' (if Federal ☐ rt, name the district; if State Court, name the county)

3. Docket number _____

4. Name of judge to whom case was assigned _____

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit _____

7. Approximate date of disposition _____

II. Place of present confinement _____

A. Is there a prisoner grievance procedure in this institution?

Yes (☒) No (☐)

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes (☒) No (☐)

C. If your answer is YES:

1. What steps did you take? I File a grievance form

2. What was the result? None

D. If your answer is NO, explain why not? _____

Parties

In item (A) below, place your name(s) in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of plaintiff(s) ISRAEL Gutierrez AIS #246141
BBCT, Dorme Bed 12A
565 Bibb Lane Brent, ALABAMA 35034
 Address _____

In item (B) below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item (C) for the names, positions, and places of employment of any additional defendants.

B. Defendant Montgomery County Detention Center
 is employed as in ALH ect
 at _____

C. Additional Defendants Lt. Crenshaw, D.T. Marshall
Lt. Finley

V. Statement of Claim

State here, as briefly as possible, the FACTS of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets, if necessary.

After my head WAS broken the ~~new~~ nurse told
me is not Broken. But my hand WAS still swollen
After a week I talk to Lt. Crenshaw & Lt
Finley the talk to the doc. who had me
a Appointment At the Hospital were I WAS told
That my hand WAS³ broken and need physical
therapy wich I never got AT ALH. I went to the
Hospital about oct. 10th 2005 that WAS about 2 weeks
After I had Broken it.

RELIEF

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

panty damig for pain suffering due to LACK
OF med. Attion my hand still not working
like it shoud. the Doc. told me why did
it take so long to get to halpath.
I con't clouse my hand at AHH no use for
it. I am ASKING for 100 thousand DOLLARS
some one has to be accountable. ~~went to hop~~

*I declare under penalty of perjury that the foregoing is true and correct.

Executed on may 6, 2007.


Signature(s)